New Jersey Public Employment Relations Commission NON-POLICE AND FIRE COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line # **SECTION I: Parties and Term of Contracts** Public Employer: Township of Lower County: Cape May County 1 Lower Township Recreation Number of Employees in Unit: 10 Employee Organization: 2 Aides 1/1/2017 - 12/31/2020 Base Year Contract Term: New Contract Term: 3 1/1/2012 - 12/31/2016 **SECTION II: Type of Contract Settlement (please check only one)** Contract settled without neutral assistance 4 Contract settled with assistance of mediator 5 6 Contract settled with assistance of fact-finder Contract settled with assistance of super-conciliator 8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations? Νo Yes **SECTION III: Salary Base** The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases. \$ 85,309.21 Salary Costs in Base Year 10 Longevity Costs in Base Year \$ 85,309.21 11 Total Salary Base SECTION IV: Salary Increases for Each year of New Agreement* Year 2 Year 3 Year 4 Year 1 1/1/2020 1/1/2018 1/1/2019 1/1/2017

12	Effective Date (month/day/year)
13	Cost of Salary Increments (\$)
14	Salary Increase Above Increments (\$)
15	Longevity Increase (\$)
	Total \$ Increase (sum of lines 13-

15)17 New Salary Base (\$)Percentage increase over prior

18

year

*If conract	duration is	longer that	ı five	years,	please	add an	additional	page.

\$

6,780.00

\$ 6,780.00

\$ 92,089.21

7.95%

\$

\$

\$

2,034.00

2,034.00

2.21%

\$ 94,123.21

\$

\$

2,034.00

2,034.00

2.16%

\$ 96,157.21

\$

\$

2,034.00

2,034.00

2.12%

\$ 98,191.21

SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items* Year 4 Year 1 Increase Year 2 Increase Year 3 Increase Base Year Increase 19 Item Description Cost (\$) (\$) (\$) (\$) N/A Totals (\$): \$ \$ \$ 20 *If conract duration is longer than five years, please add an additional page. SECTION VI: Medical Costs - N/A Base Year Year 1 21 Health Plan Cost Prescription Plan Cost 22 23 **Dental Plan Cost**

Employer:	Township of Lower	Employee Organization: Lower Township Recreation Aides Page 3				
SECTION VI: Medical Costs (continued)						
28	Identify any insurance changes that were included in this C.N.A.					
	N/A					
	SECTION VII: Certificat	ion and Signature				
29	The undersigned certifies that the foregoing figures are true:					
	Print Name:	Lauren Read				
	Position / Title:	CFO, Township of Lower				
	Signature:					
	Date:	12/21/2018				
Manager 1						
	Send this completed and s form to: contracts@perc.st	igned form along with an electronic copy of the contract and the signed certification ate.nj.us				

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898 Revised 8/2016

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective negotiations agreement for the term beginning 1/1/2017 through 12/31/2020

Township of Lower						
Cape May County						
12/21/2018						
Lauren Read Print Name						
CFO, Township of Lower						
La DC						